

County: Milwaukee
 MILWAUKEE PROTESTANT HOME/AGED HEALTH CENTER
 2449 NORTH DOWNER AVENUE

Facility ID: P090

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MILWAUKEE 53211 Phone: (414) 332-8610
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/01): 47
 Total Licensed Bed Capacity (12/31/01): 47
 Number of Residents on 12/31/01: 27

Ownership:
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? No
 Title 19 (Medicaid) Certified? No
 Average Daily Census: 33

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		33.3
Supp. Home Care-Personal Care	No					1 - 4 Years		37.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years		29.6
Day Services	No	Mental Illness (Org./Psy)	48.1	65 - 74	0.0			-----
Respite Care	No	Mental Illness (Other)	3.7	75 - 84	25.9			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	44.4	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	29.6	Full-Time Equivalent		
Congregate Meals	No	Cancer	3.7		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	7.4	65 & Over	100.0	-----		
Transportation	No	Cerebrovascular	0.0		-----	RNs		16.5
Referral Service	Yes	Diabetes	3.7	Sex	%	LPNs		9.6
Other Services	No	Respiratory	0.0		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	33.3	Male	11.1	Aides, & Orderlies		30.7
Mentally Ill	No		-----	Female	88.9			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care			Total Resi - dents	% Of All		
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%			Per Di em (\$)	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	
Intermediate	---	---	---	0	0.0	0	0	0.0	0	6	100.0	172	0	0.0	0	21	100.0	172	100.0	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	
Total	0	0.0		0	0.0		0	0.0		6	100.0		0	0.0		21	100.0		27	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				

Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally Dependent	Total Number of Residents
Private Home/No Home Health	5.1	Daily Living (ADL)	Independent	One Or Two Staff		
Private Home/With Home Health	0.0	Bathing	0.0	55.6	44.4	27
Other Nursing Homes	10.3	Dressing	22.2	29.6	48.1	27
Acute Care Hospitals	25.6	Transferring	59.3	14.8	25.9	27
Psych. Hosp. -MR/DD Facilities	5.1	Toilet Use	33.3	29.6	37.0	27
Rehabilitation Hospitals	0.0	Eating	66.7	14.8	18.5	27
Other Locations	53.8	*****				
Total Number of Admissions	39	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	7.4	Receiving Respiratory Care		0.0
Private Home/No Home Health	2.2	Occ/Freq. Incontinent of Bladder	33.3	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	4.3	Occ/Freq. Incontinent of Bowel	3.7	Receiving Suctioning		0.0
Other Nursing Homes	6.5			Receiving Ostomy Care		0.0
Acute Care Hospitals	21.7	Mobility		Receiving Tube Feeding		0.0
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	3.7	Receiving Mechanically Altered Diets		22.2
Rehabilitation Hospitals	0.0					
Other Locations	32.6	Skin Care		Other Resident Characteristics		
Deaths	32.6	With Pressure Sores	3.7	Have Advance Directives		100.0
Total Number of Discharges		With Rashes	0.0	Medications		
(Including Deaths)	46			Receiving Psychoactive Drugs		66.7

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit Peer Group %	Ratio	Bed Size: Under 50 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	70.2	88.9	0.79	69.0	1.02	82.7	0.85	84.6	0.83
Current Residents from In-County	100	88.1	1.14	82.5	1.21	85.3	1.17	77.0	1.30
Admissions from In-County, Still Residing	23.1	22.9	1.01	28.7	0.81	21.2	1.09	20.8	1.11
Admissions/Average Daily Census	118.2	129.6	0.91	122.8	0.96	148.4	0.80	128.9	0.92
Discharges/Average Daily Census	139.4	133.7	1.04	120.0	1.16	150.4	0.93	130.0	1.07
Discharges To Private Residence/Average Daily Census	9.1	47.6	0.19	11.0	0.82	58.0	0.16	52.8	0.17
Residents Receiving Skilled Care	0.0	90.5	0.00	72.7	0.00	91.7	0.00	85.3	0.00
Residents Aged 65 and Older	100	97.0	1.03	93.0	1.08	91.6	1.09	87.5	1.14
Title 19 (Medicaid) Funded Residents	0.0	56.0	0.00	60.8	0.00	64.4	0.00	68.7	0.00
Private Pay Funded Residents	22.2	35.1	0.63	21.0	1.06	23.8	0.93	22.0	1.01
Developmentally Disabled Residents	0.0	0.5	0.00	0.0	.	0.9	0.00	7.6	0.00
Mentally Ill Residents	51.9	30.9	1.68	41.3	1.26	32.2	1.61	33.8	1.53
General Medical Service Residents	33.3	27.3	1.22	25.9	1.29	23.2	1.44	19.4	1.72
Impaired ADL (Mean)	49.6	50.3	0.99	53.3	0.93	51.3	0.97	49.3	1.01
Psychological Problems	66.7	52.4	1.27	46.2	1.44	50.5	1.32	51.9	1.28
Nursing Care Required (Mean)	3.2	7.1	0.46	7.8	0.42	7.2	0.45	7.3	0.44